

For use of this form, see AR 215-3; the proponent agency is ODCSPER.

COMPLETE ADDRESS OF ACTUAL RESIDENCE AT TIME OF APPOINTMENT *(To be determined at time of initial assignment)*

a. I will remain in the employee of the \_\_\_\_\_  
(Nonappropriated Fund Component)  
\_\_\_\_\_ at the post of duty to which I am assigned or reassigned for a

b. If, before the expiration of the first \_\_\_\_ months of the period of time shown in paragraph 1a above, I fail to fulfill the terms of agreement by resigning, vacating the position without authority, or if I am removed for cause, I will, upon demand, repay to the Nonappropriated Fund a sum of money equivalent to that expended by the Nonappropriated Fund for transportation and subsistence of myself and dependents, cost of shipment of my household goods and personal effects, if involved, and any other related allowances incident to my travel, from beginning point of travel to duty station, and I authorize the employing Nonappropriated Fund to withhold any final pay due to me to apply against or liquidate any indebtedness arising from a violation of this agreement.

— OVERSEAS EMPLOYEES ONLY —

TYPE OF AGREEMENT	<u>          </u> INITIAL	<u>          </u> RENEWAL
-------------------	---------------------------	---------------------------

REMARKS

DATE REPORTED AT PERMANENT DUTY STATION